

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	FOUR-WHEELED VEHICLE
Attorney Docket Number::	8373.311US01
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	60
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Initial 07/29/03

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	JAPAN
Status::	Full Capacity
Given Name::	EIJI
Middle Name::	
Family Name::	OZAWA
Name Suffix::	
City of Residence::	WAKO-SHI
State or Province of Residence::	SAITAMA
Country of Residence::	JAPAN
Street of mailing address::	C/O KABUSHIKI KAISHA HONDA GIJUTSU KENKYUSHO, 4-1, CHUO 1-CHOME
City of mailing address::	WAKO-SHI
State or Province of mailing address::	SAITAMA
Country of mailing address::	JAPAN
Postal or Zip Code of mailing address::	

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	JAPAN
Status::	Full Capacity
Given Name::	OUMI
Middle Name::	
Family Name::	IIDA
Name Suffix::	
City of Residence::	WAKO-SHI
State or Province of Residence::	SAITAMA
Country of Residence::	JAPAN

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Street of mailing address:: C/O KABUSHIKI KAISHA HONDA GIJUTSU
KENKYUSHO, 4-1, CHUO 1-CHOME
City of mailing address:: WAKO-SHI
State or Province of mailing address:: SAITAMA
Country of mailing address:: JAPAN
Postal or Zip Code of mailing address::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: SEIJI
Middle Name::
Family Name:: HIGASHIHARA
Name Suffix::
City of Residence:: WAKO-SHI
State or Province of Residence:: SAITAMA
Country of Residence:: JAPAN
Street of mailing address:: C/O KABUSHIKI KAISHA HONDA GIJUTSU
KENKYUSHO, 4-1, CHUO 1-CHOME
City of mailing address:: WAKO-SHI
State or Province of mailing address:: SAITAMA
Country of mailing address:: JAPAN
Postal or Zip Code of mailing address::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity

Initial 07/29/03

Given Name:: YUMIO
Middle Name::
Family Name:: SHIBATA
Name Suffix::
City of Residence:: WAKO-SHI
State or Province of Residence:: SAITAMA
Country of Residence:: JAPAN
Street of mailing address:: C/O KABUSHIKI KAISHA HONDA GIJUTSU
KENKYUSHO, 4-1, CHUO 1-CHOME
City of mailing address:: WAKO-SHI
State or Province of mailing address:: SAITAMA
Country of mailing address:: JAPAN
Postal or Zip Code of mailing address::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: KOICHI
Middle Name::
Family Name:: SUGIOKA
Name Suffix::
City of Residence:: WAKO-SHI
State or Province of Residence:: SAITAMA
Country of Residence:: JAPAN
Street of mailing address:: C/O KABUSHIKI KAISHA HONDA GIJUTSU
KENKYUSHO, 4-1, CHUO 1-CHOME
City of mailing address:: WAKO-SHI
State or Province of mailing address:: SAITAMA

Initial 07/29/03

Country of mailing address:: JAPAN

Postal or Zip Code of mailing address::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: JAPAN

Status:: Full Capacity

Given Name:: KIYOTAKA

Middle Name::

Family Name:: FUJIWARA

Name Suffix::

City of Residence:: WAKO-SHI

State or Province of Residence:: SAITAMA

Country of Residence:: JAPAN

Street of mailing address:: C/O KABUSHIKI KAISHA HONDA GIJUTSU
KENKYUSHO, 4-1, CHUO 1-CHOME

City of mailing address:: WAKO-SHI

State or Province of mailing address:: SAITAMA

Country of mailing address:: JAPAN

Postal or Zip Code of mailing address::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: PAOLO

Middle Name::

Family Name:: ALLASIA

Name Suffix::

Initial 07/29/03

City of Residence:: TORINO
State or Province of Residence::
Country of Residence:: ITALY
Street of mailing address:: C/O ISTITUTO EUROPEO DI DESIGN VIA G.
POMBA 17
City of mailing address:: TORINO
State or Province of mailing address::
Country of mailing address:: ITALY
Postal or Zip Code of mailing address:: 10123

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: MARCO
Middle Name::
Family Name:: FERRARIO
Name Suffix::
City of Residence:: TORINO
State or Province of Residence::
Country of Residence:: ITALY
Street of mailing address:: C/O ISTITUTO EUROPEO DI DESIGN VIA G.
POMBA 17
City of mailing address:: TORINO
State or Province of mailing address::
Country of mailing address:: ITALY
Postal or Zip Code of mailing address:: 10123

Initial 07/29/03

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	ITALY
Status::	Full Capacity
Given Name::	RAFFAELE
Middle Name::	
Family Name::	VERGANO
Name Suffix::	
City of Residence::	TORINO
State or Province of Residence::	
Country of Residence::	ITALY
Street of mailing address::	C/O ISTITUTO EUROPEO DI DESIGN VIA G. POMBA 17
City of mailing address::	TORINO
State or Province of mailing address::	
Country of mailing address::	ITALY
Postal or Zip Code of mailing address::	10123

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	ITALY
Status::	Full Capacity
Given Name::	RAFFAELE
Middle Name::	
Family Name::	WACHTLER
Name Suffix::	
City of Residence::	TORINO
State or Province of Residence::	
Country of Residence::	ITALY

Initial 07/29/03

Street of mailing address:: C/O ISTITUTO EUROPEO DI DESIGN VIA G.
POMBA 17
City of mailing address:: TORINO
State or Province of mailing address::
Country of mailing address:: ITALY
Postal or Zip Code of mailing address:: 10123

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

Representative Customer Number::	23552
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	TO2002A000687	07/31/02	Yes
JAPAN	2003-157359	06/02/03	Yes

Assignee Information

Assignee Name:: HONDA GIKEN KOGYO KABUSHIKI KAISHA
Street of mailing address:: 1-1, MINAMI-AOYAMA 2-CHOME
City of mailing address:: MINATO-KU
State or Province of mailing address:: TOKYO
Country of mailing address:: JAPAN
Postal or Zip Code of mailing address::

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